spartment of Labor Labor-Management tandards ton, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, Cres, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15060	2. Fiscal Year Coverec From:			
	1 / 1 / 2005 Through: 17 / 31 / 2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name PASQUALE Mercura	Name Local \$19-2814			
	Labor Organization File Number 0/3365			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2864 Hampayton Huc	Street 44 East 29th Street			
city Bronk.	City Mex. York			
State Men York ZIF Code + 4 10461	State New York ZIP Code + 4 10016			
5. Position in labor organization. Recording Secrita	ry - Los 13L FA-JEA			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is activally seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any				
P.O. Box, Bldg., Room No , if any				
Street	7.b. Amount.			
	, co. —			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed For /	On 4/5/2006. 212-634-05-30 Date Telephone Number			
	Date Telephone Number			

Name of Person Filing	File Number U-
B. Held arr interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Z!P Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIF Code + 4	11.a. Nature of such cleating. Employer - Locasa - Jsh Welfare Fund I.E. Director - Members Usststance Program 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Penson, Klatt Benifits, Awo, Travel Reimbursen Experces, School.
	See ATTACHMENT (A, B, C) 12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13 b. Is the Business an Employer or Consultant?	14 b Amount of payment.

LM-30 Attachment (A)

<u>Pasquale Mercora CEAP LAP-C</u> <u>National Director - Members Assistance Program</u>

Section (1) – National Director - Members Assistance Program – Employee of Local 8A-28A Fund –

a-Salary 2004 \$67,102.57 b-Health Care -- (allocated) \$6,972.00 c-Pension - \$4,872.17

See exhibit (A) Copy 2004 W2 form

LM-30 Attachment (C)

Section (1) Continuing Education - Master Degree - Yeshiva University <u>Tuition</u>
(a) Total \$6,245.00 - FY2005

LM-30 Attachment (B)

Section (1) - <u>Auto Expenses</u> - National Director - Members Assistance Program a- Parking Expenses - \$4,807.29

Total Auto - \$4,807.29

Section (2) Monthly – Out of Pocket Expenses & Reimbursed expenses (including, Gas, Tolls, Travel) for Members Assistance Program - Members & Director Training & Education. – National Director - Members Assistance Program

Total – Out of Pocket - \$4,837,37

City or Local Inc.	d With Employee State,	2005 OMB No 1545-0008
City, or Local Inco		
	1 Wanes, tros ot ip	2 Federal income tax withheld
NYM147	64547.57	
	3 Social security 1.3 ps.	4 Social security lax withheld
b Employer ID number		4160.34
13-5624028	5 Medicure wages and lips	6 Medicare tax withheld
	67,02,23	972.98
c Employer's name, a	idress and ZIP oc de	
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44 EAST 29	TH ST	
MEW YORK,	NY 10016-7927	
d Farafacada as 177		
d Employee's social se		
134-54-392	_	
e Employee's first nam	e and initial Last name	
D 1		
Pasquale	Mercora	
2864 Harri	ngton Ave	
Bronx, NY	10461	
f Employee's address,		
7 Social security tips	8 Allocated tips	
r occidi coccinty lips	o mocarda ripa	9 Advance FIC gayment
- •		9 Advance EIC payment
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10 Dependent care bene	efits 11 Nonqualifiec plans	12a Code
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10 Dependent care beneat 13 Statutory employed 1	4 Other	12a Code D 2558.66
13 Statutory employee 1		12a Code D 2558.66
	4 Other	12a Code D 2558.66
13 Statutory employee 1	4 Other	12a Code D 2558.66 12b Code
Retirement plan	4 Other	12a Code D 2558.66 12b Code
13 Statutory employee 1	4 Other	12a Code D 2558.66 12b Code
13 Statutory employee 1	4 Other NYSDI 31.80	12a Code D 2558.66 12b Code 12c Code
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Retirement plan X 3rd party sick pay NY 135624	4 Other NYSDI 31.80 028 64543 1.D. # 16 State wages, tips, e	12a Code D 2558.66 12b Code 12c Code 12d Code .57 3170.07 tc. 17 State income tax
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9 11111	3 Social security wages	4 Social security tax withheld		
b Employer (C in per	67102.23	4160.34		
13-562-028	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's nurne, add	67102.23	972.98		
C Employers hir it, add	ress, and zip code			
METAL POLIS	SHERS UNION LOCAL	L 8A 28A WELF		
44 EAST 291	TH ST			
NEW YORK, N	Y 10016-7927			
d Employee's as seci	unty number			
134-54-5921	•			
e Employee's fi 5' name	and initial Last name			
Pasquale	Mercora			
2864 Harrin				
_	.0461			
f Employee's oddress, a				
7 Social security t ps	8 Allocated tips	9 Advance EIC payment		
10 Dependent care bonefi	ts 11 Nonqualified plans	12a Code		
		D 2558.66		
13 Statutory employed 14		12b Code		
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101 101 (040	6.5.5	551 8450 355		
NY 1356240	28 64543.	57 3170.07		
15 State Emplr.'s state I.I	D. # 16 State wages, tips, etc.	. 17 State income tax		
18 Local wages, tp., etc.	19 Local income tax	20 Locality name		
64543.5	loyee on back of Copy B.)	7 NY-New York, NY		
	1 Wages, tips, other comp.	4000 1545-0008		
NYM147	64543.57	2 Federal income tax withheld 7104.94		
b Employer iD pumber	3 Social security wages	4 Social security tax withheld		
13-5624C28	67102.23 5 Medicare wages and tips	4160.34		
C Employed	67102 22	6 Medicare tax withheld		
c Employer's name, addr	ess, and ZIP code	972.98		
METAL POLIS	HERS UNION LOCAL	. 97 207 ****		
		OA 20A WELF		
NEW YORK, N	Y 10016-7927	j		
d Employee's social securi	ity number			
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e Employee's first name ar	id initial Last name			
Pasquale M	lercora	}		
2864 Harming	ton Ave			
$1 \rightarrow 101TX$, $Y = 10$	451			
f Employee's apc () and 7 Social sacurity ()	ZIP code	}		
	8 Allocated tips	9 Advance EIC payment		
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64543.5	19 Loca Income lax	17 State Income tax) Locality name		
	1864.17 N	Y-New York, NY		
rm W-2 Wage and s Stiter	ment			
is information is by the	d to the IDC Iz.	Dept. of the Treasury - IRS		
J #11	ty/other send to imposed on you if this income is taxable and you fall to report it.			

LM-30 Attachment (D)

The transitions, dealings and interests that are detailed in the attached Form LM-30 represents my good faith effort when reporting occurrences for the year 2005.

If in the future, it comes to my attention that there exists a transition, dealing or interest that should have been reported for the year 2005, I will file an amended form LM-30

Pasquale Mercora CEAP LAP-C Local 8A-28A — Members Assistance Program

April 5, 2006